

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # B02000000125 1. Entity Name LIFE FUND PARTNERSHIP, L.P.					
Principal Place of Business 92 HARTSHORN DRIVE SHORT HILLS, NJ 07078			Mailing Address 92 HARTSHORN DRIVE SHORT HILLS, NJ 07078		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EICHLER, PHILIP 1225 BREAKERS BLVD. WEST PALM BEACH, FL 33411				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. NONE			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	U00000209364	
STREET ADDRESS	EICHLER, PHILIP		CITY-ST-ZIP	02/02/05-80037-022 141.25	
CITY-ST-ZIP	92 HARTSHORN DR. SHORT HILLS, NJ 07078				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	EICHLER, CAROL		CITY-ST-ZIP		
CITY-ST-ZIP	92 HARTSHORN DR. SHORT HILLS, NJ 07078				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	EICHLER, JOEL TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	22 HILLTOP ROAD SHORT HILLS, NJ 07078				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Carol C Eichler</i> CAROL C Eichler			1/22/05		(973) 379 6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE